SERFF Tracking #: HNVR-132146574 State Tracking #:

Company Tracking #: CW-PR-19663

State: District of Columbia Filing Company: The Hanover Insurance Company

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations

Product Name: ML Advantage Application **Project Name/Number:** Specialty/ML/CW-PR-19663

Filing at a Glance

Company: The Hanover Insurance Company

Product Name: ML Advantage Application

State: District of Columbia

TOI: 17.2 Other Liability-Claims Made Only

Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations

Filing Type: Form

Date Submitted: 11/15/2019

SERFF Tr Num: HNVR-132146574 SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: CW-PR-19663

Effective Date On Approval

Requested (New):

Effective Date On Approval

Requested (Renewal):

Author(s): Jenifer Kochis, Robert Hayden

Reviewer(s):

Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

SERFF Tracking #: HNVR-132146574 State Tracking #: Company Tracking #: CW-PR-19663

State: District of Columbia Filing Company: The Hanover Insurance Company

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations

Product Name: ML Advantage Application **Project Name/Number:** Specialty/ML/CW-PR-19663

General Information

Project Name: Specialty/ML Status of Filing in Domicile:
Project Number: CW-PR-19663 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 11/15/2019

State Status Changed: Deemer Date:

Created By: Jenifer Kochis Submitted By: Robert Hayden

Corresponding Filing Tracking Number:

Filing Description:

The Hanover Insurance Company is updating its Management Liability Advantage Portfolio product. To better meet the needs of our insureds and for ease of doing business, we are revising renewal applications and introducing a new renewal application as well as companion applications.

In support of this filing, we have included the following:

- *Filing Memorandum
- *Revised and new applications
- *Side by side comparison of revised applications
- *Any required transmittals and/or checklists

Thank you for your attention and review of this submission. Should you have any questions regarding this filing, please contact this office.

Company and Contact

Filing Contact Information

Robert Hayden, Associate Compliance rhayden@hanover.com

Analyst

440 Lincoln Street 508-855-3138 [Phone] 3138 [Ext]

Worcester, MA 01653 508-855-4786 [FAX]

Filing Company Information

The Hanover Insurance Company CoCode: 22292 State of Domicile: New

440 Lincoln Street Group Code: 88 Hampshire

Worcester, MA 01653 Group Name: The Hanover Ins Company Type: Property &

(508) 855-1000 ext. [Phone] Group Casualty

FEIN Number: 13-5129825 State ID Number:

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: HNVR-132146574 State Tracking #: Company Tracking #: CW-PR-19663

State: District of Columbia Filing Company: The Hanover Insurance Company

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations

Product Name:ML Advantage ApplicationProject Name/Number:Specialty/ML/CW-PR-19663

Form Schedule

Item	Schedule Item	Form	Form	Edition	Form	Form	Action Speci	fic	Readability	
No.	Status	Name	Number	Date	Туре	Action	Data Data	IIC	Score	Attachments
1	Otatas	Private Company Advantage Renewal Application	904 7038 APP	08/19	ABE	Replaced	Previous Filing Number:	HNVR- 131333786		904 7038 APP 08 19 Private Company
		Аррисацоп					Replaced Form Number:	12/17		Renewal Appln- v4.pdf
2	Nonprofit Entity Adva Renewal Application	Nonprofit Entity Advantage Renewal Application	7041NP	08/19	ABE	Replaced	Previous Filing Number:	HNVR- 131333786		904 7041NP APP 08 19 Nonprofit
			APP				Replaced Form Number:	904 7041NP APP 12/17		Renewal Appln- v3.pdf
3		Cyber Privacy and Security Advantage Renewal Application	904 7042 APP	08/19	ABE	New				904 7042 APP 08 19 Cyber Privacy and Security Renewal Appn- v3.pdf
4		Directors and Officers Liability Companion Application	904 7044 APP	08/19	ABE	New				904 7044 APP 08 19 Directors and Officers Liability Companion Appln.pdf
5		Employment Practices Liability Companion Application	904 7045 APP	08/19	ABE	New				904 7045 APP 08 19 Employment Practices Liability Companion Appln.pdf
6		Fiduciary Liability Companion Application	904 7046 APP	08/19	ABE	New				904 7046 APP 08 19 Fiduciary Liability Companion Appln.pdf
7		Crime Companion Application	904 7047 APP	08/19	ABE	New				904 7047 APP 08 19 Crime Companion Appln-rev.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate

SERFF Tracking #: HNVR-132146574 State Tracking #: Company Tracking #: CW-PR-19663

State: District of Columbia Filing Company: The Hanover Insurance Company

17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations

Product Name:ML Advantage ApplicationProject Name/Number:Specialty/ML/CW-PR-19663

TOI/Sub-TOI:

CNR	Canc/NonRen Notice	DEC Declarations/Schedule	
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	ОТН	Other



Private Company Advantage

Renewal Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

I. N	IAM	E AND ADDRESS			
	Nar	ne of Applicant:			
		dress of Applicant:			
	City	r: State: Z	ip Code:	Website	e(s):
Nar you	ne p	orimary contact for insurance notices and check the box If your agent regarding periodic loss prevention and ren	if you consent t ewal information	o The Hanover ::	Insurance Company emailing
N	lame	e Title	Email		Email list
II. I	REC	UESTED COVERAGE			
Cor	nple	te the chart below regarding requested coverage.			
		Requested Coverage Part	Requeste	d Limits	New Coverage not currently purchased
		Directors & Officers and Entity Liability	\$		
[Employment Practices Liability ("EPL")	\$		
[Fiduciary Liability	\$		
[Crime Coverage	\$		
		Kidnap & Ransom Coverage ("K&R")	\$		
1.		the Applicant polled all Executives for any actual or p ny actual or potential Claims , have you reported such r	•		□Yes □No □N/A
2.	a.	equesting higher liability limits than expiring or new cover ls any Executive aware of any fact, circumstance, or sexpected to result in a Claim that would fall within the Coverage Parts ?	situation that mig	ht reasonably b	pe
	b.	Solely for any new coverage that has not been purcha any prior litigation, investigation, criminal or administra losses that would have resulted in a Claim that would Non-Liability Coverage Parts or Liability Coverage	tive proceedings fall within the sc	s or Crime or Ka ope of the requ	₿R
	If Y	es to any part of question 2. attach an explanation.			



III. GE	NERAL & FINANC	IAL INFORMATION							
1. De	scription of Applica	nt's Operations, NAIC code	(s):						
	In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing):								
a.	a. Any newly created locations, entities, merger, acquisition, or divestment?								
b.	Any bankruptcy, re	eorganization or arrangeme	nt with creditors under federal or	state law?					
C.	Any branch, location layoffs?	on, facility or subsidiary clos	sings, consolidations, reductions	in force or ☐Yes ☐No					
If Y	res to any part of qu	uestion 2. attach an explana	ation.						
3. Co	mplete the chart if r	equesting EPL, Crime or K	&R coverage.						
	ber of Locations Current Year	Number of Locations Previous Year	Number of Total Employees Current Year	Number of Total					
	Current fear	Previous fear	Employees Current Year	Employees Previous Year					
	Zip Code	State / No	Zip Code State / Non-U.S. Country Number of Employees						
5. Co	mplete the financial	I chart for the most recent fi	scal year: Month						
			scal year: Month ancial statements instead: □						
	check box if attachi		-						
or	check box if attachi	ng most recent year-end fin	ancial statements instead:	Year,					
or o	check box if attachin	ng most recent year-end fin	ancial statements instead: Current Year	Year, Previous Year					

\$

\$

\$

\$

\$

\$

\$

\$

Net Income (Net Loss):

Current Liabilities:

Long Term Debt:

Interest Expense:

Total Shareholders' Equity:

Retained Earnings (Accumulated Deficit):

Operating Income Before Interest and Taxes:

Cash Flow from Operating Activities:

\$

\$

\$

\$

\$

\$

\$

\$



6.	 With respect to any financial audit or debt covenants: a. Has an auditor issued a "going concern" opinion for the past 12 months? b. Has the Applicant been out of compliance with any dec. c. Has the Applicant changed auditors in the last 12 mond. d. Has an outside auditor stated there are any material of internal controls? e. Has the Applicant not implemented all material recommend of the past 12 monders. If Yes, to any question a. through e., attach an explanation. 	nths?	□Yes □No □N/A □Yes □No □N/A □Yes □No □N/A □Yes □No □N/A □Yes □No □N/A				
IV.	DIRECTORS & OFFICERS AND ENTITY LIABILITY INF	ORMATION		_			
1.	Within the past 12 months, has there been any change (retirements, etc.) involving any Directors, Officers or other If Yes, attach name of individual(s); date of change; and retirements.	r senior management?	tures,	□Yes □No			
2.	In the next 12 months (or during the past 18 months) is the Applicant completed or been in the process of completing a. Any public or private offering of securities (including of b. Any change in ownership greater than 10%? If Yes to any part of question 2. attach an explanation.	□Yes □No □Yes □No					
۷.	EMPLOYMENT PRACTICES LIABILITY INFORMATION						
1.	Complete the chart regarding the Applicant's employees:						
	Number of Employees	Current Year	F	Previous Year			
	Full Time (not including independent contractors):						
	Part Time (include leased, temporary and seasonal):						
	Independent Contractors:						
-	Located in California:						
	Voluntary Terminations:						
	Involuntary Terminations (not layoffs/downsizing):						
	Layoffs/Downsizing:						
2.	In the past 12 months, has the Applicant updated its employee handbook or human resources policies and procedures? If Yes, attach a description of changes. □Yes □No						
3.	Prior to employee terminations does the Applicant consul counsel per a written HR policy?	de	□Yes □No				
4.	Does the Applicant use written Performance Improvement	t Plans prior to a termination?		□Yes □No			
5.	In the past 12 months, has the Applicant reviewed employ documentation of exempt, nonexempt, and independent of the first series of the past 12 months, has the Applicant reviewed employed documentation of exempt, nonexempt, and independent of the past 12 months, has the Applicant reviewed employed documentation of exempt, and independent of the past 12 months, has the Applicant reviewed employed documentation of exempt, nonexempt, and independent of the past 12 months, has the Applicant reviewed employed documentation of exempt, nonexempt, and independent of the past 12 months are past 12 months.		□Yes □No □Yes □No □N/A				
6.	Does the Applicant conduct documented anti-discrimination employees (whether or not required by law)?	on and anti-harassment training	for	□Yes □No			



VI. FIDUCIARY LIABILITY INFORMATION

1. Complete the chart regarding the Applicant's benefit plans. Attach additional pages if needed.

	Plan Names (Other than health & welfare plans)	Plan Assets (Current year)	Type of Plan*	Funding % (DB Only)	Number of Plan Participants	Plan Status***
		\$		%		
		\$		%		
		\$		%		
	* Defined Contribution (DC), Defined Benefit ** Funding % is the funding percentage of c *** Active (A), Frozen (F), Sold (S), Terminate	urrent value of plan a	ssets to the fundi			
2.	Are all plans in compliance with plan a	greements and EF	RISA? If No, atta	ach an explana	ation.	□Yes □No
3.	In the past 12 months or the next 12 m	•	•			_
	a. Be amended in a way that will resu			P. L. &		□Yes □No
	 Contemplate or conclude any restrictermination or other similar transactions. 		transfer, conso	lidation, merge		∐Yes
4.	During the past 12 months, has there I IRS, DOL, PBGC or any other state or or former fiduciary of such employee b	federal agency of				□Yes □No
	If Yes, to question 3. or 4. attach an ex	cplanation.				
VII	. CRIME COVERAGE					
1.	Does the Applicant prohibit employees Signing Checks ☐ Yes ☐ No, Hand]No
2.	Does the Applicant follow a written pol	icy or procedure to):			
	 a. Utilize a Master List to assist in devendors/suppliers? 				_	∐Yes ∐No
	b. Verify and reconcile all invoices to issuing payment?				. [∐Yes
	 Authenticate all requests to change email, phone and text with a call be phone number prior to wire transfer 	ack to the pre-det			act and	∐Yes ∐No
	d. Reconcile all funds transfers on the request?		y a person who	o did not initiate	e the	∐Yes
3.	Does the Applicant have written policies transfers to never process an internal validating the request with a call back by face to face confirmation?	request, (inclusive	of requests by	owners) withou	ut first e number or	⊒Yes □No
4.	Are employees of the Applicant, partic have access to company assets, provi phishing, spear phishing and other fram	ded with anti-frauc	I training to incl	ude how to det	ect	∐Yes ∐No
5.	Are physical inventory counts conduct systems?	ed at least annuall	y and reconcile	d with perpetua	al inventory	∐Yes ∐No



VIII. KIDNAP & RANSOM COVERAGE

1. Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed.

City and Country Visited	Number of annual trips	Average length of stay	Number of employees traveling	Number of independent contractors traveling

2.	Describe	the Applicar	it's security	precautions	while	traveling,	both	domestic	and	international	, including	g use	of
	security of	consultants: _											

IX. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the policy inception date, which would render the **Application** inaccurate or incomplete including but not limited to a new **Claim** or other matter to be reported, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

X. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this Renewal Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy, of a **Claim** or potential **Claim**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.



NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by the chief executive officer or chief financial officer or equivalent position of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Signature	Title	Date
Most recent CPA Letter to Manage	al statements (for Applicants with mo	re than \$250 million in annual revenue) If this Letter is not issued, check here:
Employment Practices Liability: N	lost recent EEO-1 report (for Applicar	
Produced By: Agent:	Agency:	
Agent License No.:	Agent Signature:	



Nonprofit Entity Advantage

Renewal Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

I.	NAM	E AND ADDRESS							
	Nan	ne of Applicant:							
	Address of Applicant:								
	City: State: Zip Code: Website(s):								
	Name primary insurance contact for insurance notices and check the box if you consent to The Hanover Insurance Company emailing you and your agent regarding periodic loss prevention and renewal information:								
	Name		Title		Email		Email list		
Ш	. REQ	UESTED COVERAGE							
С	omple	te the chart below regarding requ	ested coverage.						
		Requested Coverage	Part	R	equested Limits	New Cov			
		Directors & Officers and Entity	_iability	\$					
		Employment Practices Liability		\$					
		Fiduciary Liability		\$					
		Crime Coverage		\$					
		Kidnap & Ransom Coverage		\$					
1.		the Applicant polled all Executiv y actual or potential Claims , hav	·		9	_	∕es □No ∕es □No [_ □N/A	
2.	a.	questing higher liability limits than Is any Executive aware of any fa expected to result in a Claim tha Coverage Parts?	act, circumstance, or s	ituation	n that might reasonably b	pe y	∕es ∐No [□N/A	
		Solely for any new coverage that any prior litigation, investigation, losses that would have resulted in Non-Liability Coverage Parts of the sto any part of question 2. attacks	criminal or administra n a Claim that would r Liability Coverage	tive pro fall with	oceedings or Crime or Ka nin the scope of the requ	&R ested	∕es ⊡No [□N/A	



III.	GENERAL & FINANC	IAL INFORMATION						
1.	Description of Applicar	nt's Operations: NAIC code(s):					
2.	In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing): a. Any newly created locations, entities, merger, acquisition, or divestment? b. Any bankruptcy, reorganization or arrangement with creditors under federal or state law? c. Any branch, location, facility or subsidiary closings, consolidations, reductions in force or layoffs? If Yes to any part of question 2. attach an explanation.							
3.	Complete the chart if re	equesting EPL, Crime or K8	R coverage.					
N	umber of Locations Current Year	Number of Locations Previous Year	Number of Employees Current Year		r of Employees ious Year			
4.	4. If requesting EPL coverage, complete the chart regarding the Applicant's number of employees by zip code. Zip Code State / Non-U.S. Country Number of Employees							
	·		,					
5.	•		scal year: Month ancial statements instead:	Year,				
	Financ	ial Data	Current Year	Pre	evious Year			
To	otal Assets:		\$	\$				
Net Assets (Fund Balance):			\$	\$				
N	Net Income (Net Loss): \$							
6.	6. With respect to any financial audit or debt covenants: a. Has an auditor issued a "going concern" opinion for the Applicant's financial statements in the past 12 months? b. Has the Applicant been out of compliance with any debt covenants in the past 12 months? c. Has the Applicant changed auditors in the last 12 months? If Yes, to any question a. through c. attach an explanation							



IV.	DIRECTORS & OFFICERS AND ENTITY LIABILITY INF	FORMATION	
1.	Within the past 12 months, has there been any change (retirements, etc.) involving any Directors, Officers or other	res, □Yes □No	
^	If Yes, attach name of individual(s); date of change; and r		-f □Vaa □Na
2.	Does the Applicant own or control any for-profit subsidiari operations and the attach latest financials.	es? If yes, provide name, nature (of <u>Yes</u> No
٧.	EMPLOYMENT PRACTICES LIABILITY INFORMATION		
1	Complete the chart regarding the Applicant's employees:		
	Number of Employees	Current Year	Previous Year
	Full Time (not including independent contractors):		
	Part Time (include leased, temporary and seasonal):		
	Independent Contractors:		
	Volunteers:		
	Located in California:		
	Voluntary Terminations:		
	Involuntary Terminations (not layoffs/downsizing):		
	Layoffs/Downsizing:		
2.	In the past 12 months, has the Applicant updated its emp resources policies and procedures? If Yes, attach a description		□Yes □No □N/A
3.	Prior to employee terminations does the Applicant consul counsel per a written HR policy?	t with human resources or outside	□Yes □No
4.	Does the Applicant use written Performance Improvement	t Plans prior to a termination?	□Yes □No
5.	In the past 12 months, has the Applicant reviewed employ documentation of exempt, nonexempt, and independent	□Yes □No	
	If yes, and more than 25 employees were involved, was the counsel?	ne review done with outside	□Yes □No □N/A
6.	Does the Applicant conduct documented anti-discrimination employees (whether or not required by law)?	on and anti-harassment training fo	r YesNo
VI.	FIDUCIARY LIABILITY INFORMATION		

1. Complete the chart regarding the Applicant's benefit plans. Attach additional pages if needed.

Plan Names (Other than health & welfare plans)	Plan Assets (Current year)	Type of Plan*	Funding % (DB Only)	Number of Plan Participants	Plan Status***
	\$		%		
	\$		%		
	\$		%		

^{*} Defined Contribution (DC), Defined Benefit (DB), Excess Benefit or Top Hat (EBP)

^{**} Funding % is the funding percentage of current value of plan assets to the funding target (or accumulated benefit obligation)

^{***} Active (A), Frozen (F), Sold (S), Terminated (T) -Include date of termination



	Are all plans in compliance with plan			attach an explanat	ion.	□Yes □No
	In the past 12 months or the next 12 a. Be amended in a way that will re		• •			□Yes □No
	 b. Contemplate or conclude any re 			solidation, merger	,	
	termination or other similar trans	saction?		-		∐Yes ∐No
	During the past 12 months, has the IRS, DOL, PBGC or any other state or former fiduciary of such employed	□Yes □No				
	If Yes, to question 3 or 4 attach an e	explanation.				
VII.	CRIME COVERAGE					
	Does the Applicant prohibit employe	ees who reconcile	e the monthly ban	k statements from	also:	
	Signing Checks					☐Yes ☐No
	Handling Deposits					☐Yes ☐No
	Making Withdrawals					□Yes □No
2.	Does the Applicant follow a written p	policy or procedu	ire to:			
	a. Utilize a Master List to assist in	detecting payme	ents to unauthoriz	ed or fictitious		□Yes □No
	vendors/suppliers? h Verify and reconcile all invoices	s to correspondin	n nurchase order	s and a Master Lis	st prior to	□ res □ ino
	b. Verify and reconcile all invoices to corresponding purchase orders and a Master List prior to issuing payment?					□Yes □No
	 Authenticate all requests to chaemail, phone and text with a ca 					
	phone number prior to wire trar			ioi/supplier contac	a and	□Yes □No
	d. Reconcile all funds transfers or request?			ho did not initiate	the	□Yes □No
	Does the Applicant have written pol					
	transfers to never process an intern					
	validating the request with a call bac by face to face confirmation?	ck to the request	or at a pre-determ	lined work phone	number or	□Yes □No
	•					
	Are employees of the Applicant, par have access to company assets, pre					
	phishing, spear phishing and other f				Cl	□Yes □No
VIII.	KIDNAP & RANSOM COVERAG	E				
1.	Complete the chart regarding the Ap	oplicant's foreign	travel. Attach ad	lditional pages if n	eeded.	
		Number of	Average	Number of	Number o	of independent
	City and Country Visited	annual trips	length of stay	employees traveling		ors traveling
ľ				and the same		
-						
-						
						1
	Describe the Applicant's security pre					



IX. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the policy inception date, which would render the **Application** inaccurate or incomplete including but not limited to a new **Claim** or other matter to be reported, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

X. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this Renewal Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy, of a **Claim** or potential **Claim**.

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NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by the chief executive officer or chief financial officer or equivalent position of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Signature	Title	Date



Supporting Documentation: Attach a copy of the following for every Applicant seeking coverage: ☐ Most recent CPA prepared financial statements (for Applicants with more than \$25 million in Total Assets) ☐ Most recent CPA Letter to Management and Management's response. If this Letter is not issued, check here: ☐ ☐ Employment Practices Liability: Most recent EEO-1 report (for Applicants with more than 500 employees)				
Produced By: Agent:	Agency:			
Agent License No.:	Agent Signature:			



Cyber Privacy and Security Advantage

Renewal Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

I.	I. NAME AND ADDRESS							
	Name of Applicant:							
	Address of Applicant:							
	Cit	y: Sta	te:	Zip Code:	Website(s):			
		orimary contact for insurance notices g you and your agent regarding perio				urance Company		
Name Title			Email	Email list				
II	. REC	QUESTED COVERAGE						
C	comple	ete the chart below regarding request	ed coverage.					
		Requested Insuring Agreemen	nts	Offer Expiring Limits	Newly Requested Limit	Newly Requested Retention		
		Privacy and Security Liability			\$	\$		
		Cyber Media Liability			\$	\$		
		Breach Event Expenses			\$	\$		
		Breach Reward Expenses			\$	\$		
		Breach Restoration Expenses			\$	\$		
		Cyber Investigations			\$	\$		
		Cyber Business Interruption and Ex	tra Expense		\$	\$		
		Cyber Extortion			\$	\$		
		Cyber Theft			\$	\$		
					☐Yes ☐No ☐Yes ☐No ☐N/A			
	Is any Executive aware of any fact, circumstance, or situation that might reasonably be expected to result in a Claim that would fall within the scope of the requested insuring agreements? If Yes to question 2. attach an explanation.					□Yes □No □N/A		



HANOVER Cyber Privacy and Security Advantage Renewal Application

III.	GENERAL INFO	RMATION					
1.	Description of Ap	plicant's Operations, NAIC code((s):				
2.	Complete the fina	incial chart for the most recent fis	scal year: Month Ye	ar,			
	or check box if at	taching most recent year-end fin	ancial statements instead:				
	Fi	nancial Data	Current Year		Previous Ye	ar	
Т	otal Revenue:		\$	\$			
T	otal Assets:		\$	\$			
T	otal Shareholders'	Equity or Net Assets:	\$	\$			
١	Net Income (Net Lo	ss):	\$	\$			
IV.	. CYBER PRIVAC	Y AND SECURITY COVERAGE					
Ge	eneral Information	1					
	List the estimated		s Revenue from on-line sales or seach of the following sensitive dadors or employees.			ent or	
S	Sensitive Data	Sensitive Data Description			Number Scope	Number	
 -	Payment Card ndustry (PCI) Health Care		ed by Payment Card Industry AA Privacy and Security Rules fro	om	12 Month Card Transactions Unique People		
	nformation (HCI) Other Personally	employees or patients Other Data not counted above	protected by foreign, federal or st	ate	Currently stored Unique People		
I	dentifiable nformation (PII)		aws such as Social Security, Driv		and Firms currently stored		
3.	Do you capture bor countries with BIPA or the EU's Do you have indiprovide consent a	laws regulating Biometric Informations (GPPR)? viduals, including employees, for and confirm review or your privact	uals, including employees, who livation usage and disclosure (such whom you capture HCl and PII in the policies which fully explain how	as Illii nforma	nois' Yes ation, ntend		
5.	If yes to question confirmation and	consent? If yes, please explain.	collected such information witho		□Yes□]No	
6. Do you have validated procedures to correct, erase or display any HCI or PII records or to show in some fashion how such records are processed, if requested by an individual, that are in compliance with GDPR or any other similar privacy law?							
Co	omputer Security	Controls and Procedures					
7.	☐ Information Se	ecurity Policies 🔲 Cyber Ris	s and/or services? (check all that k Assessment Business Continuity or Disaster		•		
		dated / tested any of these plans			□Yes □	No	
		er Incident and Disaster Recover current contact information assig	y plans have pre-assigned people ined to critical tasks?	e and	□Yes □	No	
		nover offers its policyholders the Plans, Pre-Assignment and Tesi	opportunity to contract with a Cy ting. See your agent for details.	ber R	isk Management S	Service	



Cyber Privacy and Security Advantage Renewal Application

. ,	MATERIAL OLIANOS	
	If No, attach an explanation.	
12.	If there have been any acquisitions within the last 24 months, are you on plan to complete or have you completed the integration of the above policies and systems noted in questions 3. through 10. above, within 12 months of such acquisition?	∐Yes ∐No ∐N/A
11.	In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing): a. Any change in the position responsible for information security? b. Any bankruptcy, reorganization or arrangement with creditors under federal or state law? c. Any newly created entities, merger, acquisition, or divestment? If Yes to any part of question 11. attach an explanation.	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
10.	Has the Applicant created any new website or mobile applications for its customers in the last 12 months? If Yes: a. Did the Applicant do this in-house? b. Was the application scanned for vulnerabilities using the latest software?	☐Yes ☐No ☐Yes ☐No ☐N/A ☐Yes ☐No ☐N/A
9.	 ☐ Key card access ☐ Continuous vulnerability assessme ☐ Change of default passwords / sett Do you have a backup system for software and data? If so, check all that apply: ☐ Separated from the network ☐ Backed up weekly ☐ Tested annually ☐ Operational within 	ings □Yes □No
8.	Which of the following does the Applicant currently have in place? (check all that apply): Active/updated firewall and anti-virus Active/updated email anti-malware Multi-Factor Authentication Physical POS terminal monitoring Intrusion detection software Account monitoring and control	rocedures

V. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the policy inception date, which would render the **Application** inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

VI. DECLARATIONS, NOTICE AND SIGNATURES

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Cyber Privacy and Security Advantage Renewal Application

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Cyber Privacy and Security Advantage Renewal Application

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Note: This Application must be significant acting as the authorized re	•	•	•		
Signature		 Date			
Signature Title Date Supporting Documentation: Attach a copy of the following for every Applicant seeking coverage: Most recent CPA prepared financial statements (for Applicants with more than \$250 Million in annual revenue)					
Produced By: Agent:	Agency:				
Agent License No.	Agent Signature				



Directors and Officers Liability

Companion Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

I. 1	I. NAME AND ADDRESS					
	Name of Applicant:					
	Address of Applicant:					
	City:	State: 2	Zip Code:			
II.	GENERAL INFORMATION					
1.	-					
	a. Year established:					
	b. Applicant's Website(s):					
	c. Description of Applicant's Op					
	d. What is the Applicant's Stand	· · · · · · · · · · · · · · · · · · ·		 ,		
	e. What is the Applicant's North	American Industrial Classific	ation System (N	NAICS) code:		
2.	Does the Applicant have any sub- requested? If Yes, attach a list of]Yes □No	
3.	Foreign Exposure:			_		
	a. Is the Applicant owned by a f	oreign (Non-U.S.) organizatio	n?	L]Yes	
	 b. Does the applicant have any 1) Subsidiaries domiciled ou 2) Branch or representative 3) Joint ventures or partners 4) Sales outside the U.S.? 	itside the U.S.?	e the U.S.?		Yes No Yes No Yes No	
III.	DIRECTORS AND OFFICERS AN	D ENTITY LIABILITY INFO	RMATION			
	Complete the chart for all Shareh	olders owning more than 109	%, add additiona	al pages as needed.		
	Shareholder	Percentage of Voting Shares Owned > 10% Only	Director or Officer	Related by family to another Director or Officer		
	If any family relationships noted in	n the last column in the table	above attach a	n explanation.		
1.	Total Number of Shareholders: _					
2.	Is any shareholder a trust that qu ERISA? If Yes, attach the most r		Ownership Pla	n under □Yes	□No	



Directors and Officers Liability Companion Application

პ.	interest in regards to any specific concustomers or vendors? If Yes, attack	ntracts or dealings with family m	,		
		•		□Yes	∐No
4.	Check the following corporate govern	nance controls and procedures	the Applicant has in place:		
	Anti-trust training	Family Employment Policy	☐ Anti-Bribery FCPA Tra		
	☐ Conflict of Interest Policy ☐	Ethics Hotline	☐ Board Level Audit Cor	nmittee	
5.	Do you have a code of conduct or use				
	employees and independent contract		vious employers' or		
	clients' trade secrets, customer lists of	or other intellectual property?		∟⊥Yes	□No □N/A

IV. DECLARATIONS, NOTICE AND SIGNATURES

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.

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NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



HANOVER Directors and Officers Liability Companion Application

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by the chief executive officer or chief financial officer or equivalent position of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Signature	Title	 Date	
Produced By: Agent:	Agency:		
Agent License No.:	Agent Signature:		



Employment Practices Liability

Companion Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

aμ	applying for coverage.					
I.	I. NAME AND ADDRESS					
	Name of Applicant:					
	Address of Applicant:					
					ode:	
II.		RAL INFORMATION				
1.	a. Ye b. Ap c. De d. W	ear established: poplicant's Website(s): escription of Applicant's Opera hat is the Applicant's North Ar	ations:d Industrial Classification	(SIC)	code:	
2.	Does	the Applicant have any subsid sted? If Yes, attach a list of na	iaries, franchises, or joint	ventu	res for which coverage is	 □Yes □No
3.	a. Is	Branch or representative off Joint ventures or partnership	the following: ide the U.S.? iices outside the U.S.?		U.S.?	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
Ш	. EMPL	OYMENT PRACTICES LIABI	LITY INFORMATION			
1.	Does a. Ed b. Ar c. Er d. M e. Al	percentage of the Applicant's the Applicant have written proqual Opportunity Employment hti- Discrimination and Anti-Hamployment at Will ultiple avenues of reporting enDA and FMLA accommodation ocial Media and Computer/Net	cedures in place regardin trassment nployee complaints	b.	Less than \$60,000 annually More than \$120,000 annua	
3.	a. D b. C c. H d. U e. R f. R	the Applicant: istribute and document the reconduct written annual perform ave a full-time human resources written Performance Improveview all terminations with hureview all adverse employements.	ceipt of an employee hand ance evaluations? es manager or departmen vement Plans prior to a te man resources or in-hous	nt? ermina e / out	tion? side counsel?	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No



HANOVER Employment Practices Liability Companion Application

	g.	Conduct training regarding anti-discrimination and anti-harassment policies and procedures using in-house human resource staff or an outside vendor?	□Yes □No □N/A
	h.	If over 25 employees, review an audit with outside counsel at least every two years regarding employee classification and wage and hour documentation of exempt vs. nonexempt and Independent Contractors?	□Yes □No □N/A
4.	If o	ver 1,000 employees, do you review pay practices for inequities among protected classes?	□Yes □No □N/A
5.	a.	es the Applicant have written policies and procedures: Outlining employee and Independent Contractor conduct when dealing with third parties, including non-discrimination and non-harassment statements? For responding to complaints of harassment, discrimination or civil rights violations from third parties?	□Yes □No
		If No for questions 23 4. or 5 attach an explanation.	

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IV. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this New Business Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.

The information requested in this New Business Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy, of a **Claim** or potential **Claim**.

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HANOVER Employment Practices Liability Companion Application

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Applicant acting as the authorized representatives of the pers	on(s) and entity(ie	es) proposed for this insurance.	
Signature	Title	Date	



HANOVER Employment Practices Liability Companion Application

Supporting Documentation: Attach a copy of the following for every Applicant seeking coverage:			
Employment Practices Liability (for Applicants with more than 500 employees):			
☐ Employee handbook ☐ Employment application form			
☐ Most recent EEO-1	☐ Third party policies and statements, if requesting such coverage		
Produced By: Agent:	Agency:		
Agent License No.:	Agent Signature:		



Fiduciary Liability

Companion Application

Underwritten by The Hanover Insurance Company

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l.	NAME AND ADDRESS		
	Name of Applicant:		
	Address of Applicant:		
	City: State:	Zip Code:	
II.	FIDUCIARY LIABILITY INFORMATION		
1.	Are plans and guidelines reviewed and updated annually for ERISA, written investment guidelines, and Health Insurance (HIPAA)? If No, attach an explanation.		□Yes □No
2.	Does the Applicant handle any investment decisions in-hour of Yes, attach an explanation.	use?	□Yes □No
3.	 Has any employee benefit plan: a. Invested in securities of the Applicant? b. Invested in more than 10% of any entity other than the vehicle such as a mutual fund? c. Loaned or pledged any employee benefit plan assets t Applicant)? 		□Yes □No □Yes □No □Yes □No
4.	During the past 12 months, has there been or is there curred the IRS, DOL, PBGC or any other state or federal agency current or former fiduciary of such employee benefit plan? If Yes, to question 3. or 4. attach an explanation.		□Yes □No

III. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this New Business Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

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HANOVER Fiduciary Liability Companion Application

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Crime

Companion Application

Underwritten by The Hanover Insurance Company

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Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

applying for coverage.						
I.	I. NAME AND ADDRESS					
	Name of Applicant:					
	Address of Applicant:					
	City: State:	Zip Code:				
II.	. GENERAL INFORMATION					
1.	Description of Applicant's Standard Industrial Clae What is the Applicant's North American Industrial Operations: Let Mark 1. Clae What is the Applicant's North American Industrial Output Description of Applicant's North American Industrial Description of Applicant Indu	assification (SIC) code:				
2.	. Does the Applicant have any subsidiaries, franchis requested? If Yes, attach a list of names, % of ow	es, or joint ventures for which coverage is nership and nature of operations for each.	∐Yes	□No		
3.	Foreign Exposure:a. Is the Applicant owned by a foreign (Non-U.S.)	organization?	∐Yes	□No		
	 b. Does the applicant have any of the following: 1) Subsidiaries domiciled outside the U.S.? 2) Branch or representative offices outside th 3) Joint ventures or partnerships with third pa 4) Sales outside the U.S.? 		□Yes □Yes □Yes □Yes	□No □No		
III.	I. CRIME COVERAGE					
Ва	Basic Crime Controls					
1. 2.	 Is there a documented system of internal control p Does the Applicant have an internal audit departm If no, is there someone with internal audit responsi 	ent?	Yes	□No □No □No		
3.	. Does the Applicant perform or verify the following to □Reference checks □ Drug testing □ Prior em					
	. Are reference checks done on all independent con		□Yes	□No □N/A		
5.	. Does the Applicant have controls within its human prevent the input of fictitious employees and salari		∐Yes	□No		
6.	. Are passwords and access codes changed regular	rly and when users are terminated?	□Yes	□No		
7.	Are all newly acquired organizations within 12 mor foreign locations using the same computer system other similar domestic locations?		□Yes	□No □ N/		

If No, attach an explanation.





Ва	nk Account Controls	
8.	 With regards to checking: a. Are all incoming checks stamped "For Deposit Only"? b. Is a report of payments (made by check or wire transfer) generated and reviewed monthly for unusual payments by separate people who did not process the transactions? c. Do you require countersignatures on checks? If Yes, at what level: \$ 	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
9.	Is your employee, who has responsibility to reconcile monthly bank statements, prohibited from also (check all that apply): a. Signing checks? b. Handling deposits? c. Making withdrawals?	□Yes □No □Yes □No □Yes □No
Ve	ndors	
10.	Does the Applicant verify and reconcile all invoices to purchase orders and the Master Vendor List before making any payments?	□Yes □No
11.	Does the Applicant have procedures in place to verify the authenticity and ownership of new vendors before adding them to the Master Vendor List? If so, is the employee who verifies the new vendor restricted from editing the Master Vendor List?	□Yes □No □Yes □No
12.	Is the Master Vendor List utilized to assist in detecting payments to unauthorized or fictitious vendors or suppliers during an internal audit or reconciliation process?	□Yes □No
Fu	nds Transfers	
13.	 Regarding funds transfer requests: a. Does your staff do more than one funds transfer request a month? b. Is dual authorization required for all wire transfers? c. Are funds transfers reconciled the same day by a person who did not initiate the request? d. Are employees that are responsible for funds transfers provided anti-fraud training, including detection of false pretenses, social engineering, phishing or other confidence scams? If so, does this training include not replying to the initiating request email or phone number, but using the master list contact information to reply to the request? 	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
Inv	ventory, Physical Controls and Services	
14.	Indicate any of the following characteristics that apply to your business operations (please check as Computer chips Art collection or other valuable collectibles Precious metal Narcotics Special secured/locked retail inventory Warehousing Alcohol or Tobacco Care, custody and control of clients' property Managed assulf any of the above are checked, attach an explanation as to how such exposures are restricted, componitored.	als or gemstones Operations ets of others
	 Regarding inventory: a. Are the duties of purchasing, receiving, storekeeping and shipping separate so that no one person can control these functions from beginning to end? b. Is a physical count of inventory conducted at least annually? If Yes, how many times per year? c. Is a perpetual inventory maintained for retail/warehouse inventory or manufacture stock/scrap/finished goods? d. Do you have alarms and video cameras installed in your warehouse and plants? e. Do you warehouse for others? If yes, what are you warehousing? 	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐N// ☐Yes ☐No ☐N// ☐Yes ☐No ☐N//
16.	. Describe any services the Applicant provides for clients:	
17	Attach any details as you desire for any "No" responses to questions 2 through 15 by listing the que	action number and

such details.



IV. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this New Business Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.

The information requested in this New Business Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy, of a **Claim** or potential **Claim**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows





to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by the chief executive officer or chief financial officer or equivalent position of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Signature	Title	Date
Produced By: Agent:	Agency:	
Agent License No.:	Agent Signature:	

SERFF Tracking #: HNVR-132146574 State Tracking #: CW-PR-19663

The Hanover Insurance Company

State: District of Columbia Filing Company:

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations

Product Name:ML Advantage ApplicationProject Name/Number:Specialty/ML/CW-PR-19663

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A - not applicable to this filing
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A - we are not a third party filer
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A - not applicable to this filing
Attachment(s):	Tw/ The applicable to this hing
Item Status:	
Status Date:	
Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A - not applicable to this filing
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Side by Side Comparisons
Comments:	cias sy cias companions
Attachment(s):	MARKED 904 7038 APP 08 19 - compare to 904 7038 APP 12 17.pdf MARKED 9047041NP APP 08 19 - compare to 9047041NP APP 12 17.pdf
Item Status:	·
Status Date:	
Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	Generic Memo ML 2019 Appln Update - Companion and Renewal Applns.pdf
Item Status:	

SERFF Tracking #: State Tracking #: Company Tracking #: CW-PR-19663 HNVR-132146574

The Hanover Insurance Company

District of Columbia Filing Company: State:

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations

Product Name: ML Advantage Application Specialty/ML/CW-PR-19663

Project Name/Number:

Status Date:



Private Company Advantage

Renewal Application-Short Form

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY.

Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

. APPLICATION INSTRUCTIONS

III. NAME AND ADDRESS

- Whenever used in this Application, the term "Applicant" shall mean the Named Insured and all subsidiaries or other organizations applying for coverage, unless otherwise stated.
- Include all requested underwriting information indicated in Section XIII. below.
- Complete the relevant sections of this application and any Supplemental Applications in accordance with the coverages being requested.

	Nan	ne of Applicant:			_				
	Add	ress of Applicant:							
l	City			State:Zi	p Code: _ State of				
	Incorporation: Website(s): ————————————————————————————————————								
Indicate below which coverages are being requested. Complete only those sections of this Application which pertain to requested coverage.									
þ	ertain	to requested coverage.							
þ		uested Coverage Part	Keep Same Limits and Retentions	New Limits	New Retentions				
Pe			•	New Limits \$	New Retentions \$				
	Req	Directors & Officers and	and Retentions	New Limits \$	New Retentions \$				
po	Rec	Directors & Officers and Entity Liability Employment Practices	and Retentions ☐Yes ☐No	\$	\$				

If requesting higher liability limits than expiring as indicated in the above table, please answer the following question. Do not complete this question if no change in liability limits is requested.

\$

Yes No

Yes No

Is any Insured proposed for coverage aware of any fact, circumstance, or situation that might reasonably be expected to result in a Claim that would fall within the scope of the proposed Liability Coverage Parts?

Vac	\neg —	– No	П.	

Cyber Privacy & Security

Kidnap & Ransom

Coverage

Coverage



If "Yes" please attach a full description of the details.

IV. GENERAL INFORMATION							
 Name Individuals primary contact prevention services below: 	t for Insurance Primary (Contact for Insurance N	otices insurance notices and less				
Check herecheck the box if you of your agent regarding periodic loss p			ıp email<u>Company emailing</u> you and				
NameArea	<u>Title</u> Name	Title Email	Email <u>list</u>				
Insurance Primary Contact			<u>_</u>				
Human Resources							
Cyber Security							
2. Operations: a. Year established: b. Applicant's Website(s): REQUESTED COVERAGE c. Description of Applicant's Op	erations:		<u></u> .				
d. What is the Applicant's Stand	lard Industrial Classificat		= 				
e. What is the Applicant's North Does the Applicant have any subsid If "Yes", please attach a list of these business for each. Complete the cha 3. Foreign Exposure:	iaries, franchises, or join entities and indicate per	t ventures for which cov centage of ownership a	verage is requested?				
a. Is the Applica	ant owned by a foreign (f		 00 				
Requested Coverage Par	<u>Requested</u>		Coverage ently purchased				
□ Directors & Officers and Er Liability	s s	□					
Employment Practices Liab	bility \$	□					
☐ Fiduciary Liability	\$	□					
☐ Crime Coverage	<u>\$</u>	□	· · · · · · · · · · · · · · · · · · ·				
☐ Kidnap & Ransom Coveraç ("K&R")	Ψ						
b. Dees Has the applicant have Applicant polled all Executives for any of the following: 1) Subsidiaries domiciled outside the U.S.? 2) Branchactual or representative offices outside the U.S.? 1. Joint ventures potential litigation or partnerships with third parties outside the U.S.? Sales outside the U.S.? If any actual or potential Claims, have you reported such matters to the Insurer?							
4. Location Information							
Total Number of Locations: :	Total U.S. Loc	ations: Tota	Non-				



Į	J.S. Locations:	=			
	If you have 5 or less individual location		ill out the first fou	columns including	□Yes □No □N/A
		al Locations, aggreg first three columns column). Use a se	and the last colu	nn (skipping the	
	Note that Type of Operation Retail, or Other.	ions is Manufacturir	ng, Warehouses,	Distribution Centers,	
	State /Non-U.S.	Type of	Number of	If 5 or fewer Total	
	Country	Operation(s)	Employees	Locations	
				Zip Code	
, u		lineite the energy initials			
	f requesting higher liability ollowing:	ilmits than expiring	or new coverage.	please answer the	
	l. Is any Executive awar				
	reasonably be expecte requested Liability Co		n that would fall v	vithin the scope of the	
5. \	What percentage of the Ap		work at custome	r locations or perform a n	najority of
ŧ	heir functions off-site?				%
	Vithin the past 3 years, ha				
	lepartures, retirements, et nanagement?	c.) of any Directors,	Officers or other	senior	
	nanagement? f "Yes", please attach the :	following: Name of	individual(s); date	of change;	□Yes □No □N/A
é	and reason.	· ·	()		
b	 Solely for any new coverage Applicant had any prior 				
	proceedings or Crime of				
	that would fall within th			ty Coverage	
	Parts or Liability Cove	erage Parts in the p	east 5 years?		
<u>/</u>	f Yes to any part of questi	on 2. attach an expl	anation.		
II. G	SENERAL & FINANCIAL	INFORMATION			
	Please provide the followin	g information regard	ding the Description	<u>n of</u> Applicant's employe d	es.Operations, NAIC
<u></u>	code(s):	of Employees		Current Year	Previous Year
	Full Time (not including	• •	ctors):		
	Part Time (include lease	•			
	Independent Contractors	•			
	Located in New York, No	ow YOIK:			

Located in California:



Voluntary Terminati	ons:							
Involuntary Termina	tions (not layoffs/downsizin	ig):	_					
Layoffs/Downsizing	!			<u> </u>				
8.2. In the next 12 months contemplating (or has completing): a. AnyAny newly credivestment? b. Any bankruptcy, redor state law? c. Any branch, location reductions in forced. d. Any public or privational functions in forced. Sometime of Locations and Human forced. Number of Locations Current Year	(or during the past 18 mont the Applicant completed or ated locations, entities, mer eorganization or arrangeme on, facility, office, or subsidi or layoffs?	rger, acquent with continuous cluding C 2. attach R cover Anthroporths of the security could be covered and explared by the covered by the	the process of uisition, or reditors under for ings, consolidation an explanation are explanation to the irreduction are explanation and explanation are explanation. Number of Toloyees Current	ederal ons, Crowd and all eletit controletions? tal	Empl	No No No Numt oyees	es No es No No N/A	
Zip Code	State / Non-U.S. Country	L		<u>Number</u>	of Em	oloyee		
<u>5.</u> : Mont	<u>plete</u> the following f inancial h Year, ng most recent year-end fin				ent fisca	al year (indicate month/	'year):
Financ	ial Data		Current Yea	ar		Previ	ous Year	
Total Revenue:		\$			\$			

\$ \$

Total Assets:

Current Assets:

\$

\$



Current Liabilities:	\$	\$				
Long Term Debt:	\$	\$				
Retained Earnings (Accumulated Deficit):	\$	\$				
Total Shareholders' Equity , or Net Assets :	\$	\$				
Interest Expense:	\$	\$				
Operating Income Before Interest and Taxes:	\$	\$				
Net Income -(Net Loss):	\$	\$				
Cash Flow Fromfrom Operating Activities:	\$	\$				
11. With respect to theany financial auditor: a. What is the scope of financial statement preparation? 12.6.						
Applicant system of internal controls? If "Ye e. Has the Applicant not implemented all materia	al recommendations of the audit		YesINOIN/A			
Applicant's system of internal controls?— <i>If "Ye</i> e. Has the Applicant <u>not</u> implemented all materia If "No" please Yes, to any question a. through e., a	al recommendations of the audit attach a full<u>an</u> explanation.		YesINOIN/A			
Applicant's system of internal controls? If "Ye e. Has the Applicant not implemented all materia If "No" please Yes, to any question a. through e., a V. PRIOR LOSS AND LITIGATION INFORMATION	al recommendations of the audit attach a full<u>an</u> explanation.	or?				
Applicant's system of internal controls? If "Ye e. Has the Applicant not implemented all materia If "No" please Yes, to any question a. through e., a V. PRIOR LOSS AND LITIGATION INFORMATION Note: When listing any events below, separately note corrective measures. Please attach additional pages	al recommendations of the audit attach a full<u>an</u> explanation. Leeach event including dates, de	or?				
Applicant's system of internal controls? If "Ye e. Has the Applicant not implemented all materia If "No" please Yes, to any question a. through e., a V. PRIOR LOSS AND LITIGATION INFORMATION Note: When listing any events below. separately note	al recommendations of the audit attach a fullan explanation. e each event including dates, de if needed. Applicant or any organization cena, representative actions, class receeding involving: (1) Anti-Truties Laws, (6) Consumer Protections	scription, amou r person propor s actions, deriv list, (2) Anti-Cori tion Laws, (7) Ir	nts of loss, and sed for coverage has ative suits, civil, ruption, (3) Fair aformation Privacy			
Applicant's system of internal controls?—If "Ye e. Has the Applicant not implemented all materia If "No" please Yes, to any question a. through e., a V. PRIOR LOSS AND LITIGATION INFORMATION Note: When listing any events below, separately note corrective measures. Please attach additional pages Liability Coverage Parts List all matters during the past five years, where the been the subject of, or been involved in, any subpor- regulatory investigation, criminal or administrative p Trade, (4) Copyright or Patent violations, (5) Securi- Laws, (8) ERISA, (9) Employment Laws or (10) disc Non-Liability Coverage Parts	al recommendations of the audit attach a fullan explanation. e each event including dates, de if needed. Applicant or any organization of ena, representative actions, class receeding involving: (1) Anti-Truties Laws, (6) Consumer Protections, harassment, or civil	scription, amou r person propor is actions, deriv list, (2) Anti-Contion Laws, (7) Ir rights. Check if	nts of loss, and sed for coverage has ative suits, civil, ruption, (3) Fair aformation Privacy			
Applicant's system of internal controls?—If "Ye e. Has the Applicant not implemented all materia If "No" please Yes, to any question a. through e., a V. PRIOR LOSS AND LITIGATION INFORMATION Note: When listing any events below, separately note corrective measures. Please attach additional pages Liability Goverage Parts List all matters during the past five years, where the been the subject of, or been involved in, any subpor regulatory investigation, criminal or administrative p Trade, (4) Copyright or Patent violations, (5) Securi Laws, (8) ERISA, (9) Employment Laws or (10) disc	al recommendations of the audit attach a fullan explanation. e each event including dates, de if needed. Applicant or any organization of ena, representative actions, class receeding involving: (1) Anti-Truties Laws, (6) Consumer Protectimination, harassment, or civil defent or other crime losses discovered ortion, hijacking, wrongful detentine	scription, amounts person proposes actions, derive let, (2) Anti-Contion Laws, (7) Irrights. Check if let on, or political preach or loss of	nts of loss, and sed for coverage has ative suits, civil, ruption, (3) Fair information Privacy none :			
Applicant's system of internal controls? If "Ye e. Has the Applicant not implemented all materia If "No" please Yes, to any question a. through e., a v. PRIOR LOSS AND LITIGATION INFORMATION Note: When listing any events below, separately note corrective measures. Please attach additional pages Liability Coverage Parts List all matters during the past five years, where the been the subject of, or been involved in, any subportegulatory investigation, criminal or administrative parade, (4) Copyright or Patent violations, (5) Securit Laws, (8) ERISA, (9) Employment Laws or (10) discontinuous Control of the Applicant in the last five years. Check if note 3. List all Computer Business Interruptions of more	al recommendations of the audit attach a fullan explanation. Le each event including dates, de if needed. Applicant or any organization of ena, representative actions, class receeding involving: (1) Anti-Truties Laws, (6) Consumer Protection in the losses discovered or other crime losses discov	scription, amounts person proposes actions, derive let, (2) Anti-Contion Laws, (7) Irrights. Check if let on, or political preach or loss of	nts of loss, and sed for coverage has ative suits, civil, ruption, (3) Fair information Privacy none :			
Applicant's system of internal controls? If "Ye e. Has the Applicant not implemented all materia If "No" please Yes, to any question a. through e., a V. PRIOR LOSS AND LITIGATION INFORMATION Note: When listing any events below, separately note corrective measures. Please attach additional pages Liability Coverage Parts List all matters during the past five years, where the been the subject of, or been involved in, any subpor regulatory investigation, criminal or administrative p Trade, (4) Copyright or Patent violations, (5) Securi Laws, (8) ERISA, (9) Employment Laws or (10) disc Non-Liability Coverage Parts 1. List all employee theft, forgery, computer frau years. Check if none	al recommendations of the audit attach a fullan explanation. each event including dates, derif needed. Applicant or any organization of ena, representative actions, class receeding involving: (1) Anti-Truties Laws, (6) Consumer Protections at a consumer protection, hijacking, wrongful detentine	scription, amou	nts of loss, and sed for coverage has ative suits, civil, ruption, (3) Fair oformation Privacy none :			
Applicant's system of internal controls? If "Ye e. Has the Applicant not implemented all materia If "No" please Yes, to any question a. through e., a v. PRIOR LOSS AND LITIGATION INFORMATION Note: When listing any events below, separately note corrective measures. Please attach additional pages Liability Coverage Parts List all matters during the past five years, where the been the subject of, or been involved in, any subportegulatory investigation, criminal or administrative particles, (4) Copyright or Patent violations, (5) Securit Laws, (8) ERISA, (9) Employment Laws or (10) discontinuous Check if none	al recommendations of the audit attach a fullan explanation. each event including dates, derif needed. Applicant or any organization of ena, representative actions, class receeding involving: (1) Anti-Truties Laws, (6) Consumer Protections at a consumer protection, hijacking, wrongful detentine	scription, amounts person proposes actions, derivest, (2) Anti-Contion Laws, (7) Irrights. Check if person by the Application, or political preach or loss of none	nts of loss, and sed for coverage has ative suits, civil, ruption, (3) Fair oformation Privacy none :			
Applicant's system of internal controls? If "Ye e. Has the Applicant not implemented all material of "No" please Yes, to any question a. through e., a v. PRIOR LOSS AND LITIGATION INFORMATION Note: When listing any events below, separately note corrective measures. Please attach additional pages Liability Coverage Parts List all matters during the past five years, where the been the subject of, or been involved in, any subporegulatory investigation, criminal or administrative particle, (4) Copyright or Patent violations, (5) Securit Laws, (8) ERISA, (9) Employment Laws or (10) discontinuous (10	al recommendations of the audit attach a fullan explanation. e each event including dates, de if needed. Applicant or any organization of ena, representative actions, class receeding involving: (1) Anti-Truties Laws, (6) Consumer Protection of the crimination, harassment, or civil do or other crime losses discovered ortion, hijacking, wrongful detentine e than 8 hours, data theft, data lant in the last five years. Check in the last five years. Check in the last five years of Voting percentage of Voting	scription, amou	nts of loss, and sed for coverage has ative suits, civil, ruption, (3) Fair of the last five elements discovered by elements discovered			



					\Box	
	Non-Director and Non-Officer Individual and	Percentage of	Voting	Related by	family to	o another
	Corporate Shareholders	Shares Owned >	10% Only	Shareholder,	, Directo	r or Officer
					\Box	
					\Box	
					\Box	
	If any family relationships noted in the last column	n in the table above	please descri	be:		
4	Total Number of Shareholders:		•			
2.	Have any Executives of the Applicant disclosed to interest in regards to any specific contracts or decustomers or vendors? If Yes, please describe:	o the Board of Directalings with family mo	etors of any co embers, comp	nflicts of etitors,		⊟Yes ⊟No
3.—	Please check all the following corporate governar Anti-trust training Conflict of Interest Policy Ethics Hotlin	oyment Policy	ocedures the A Anti-Bribe Board Lev	ry FCPA Tra	aining	e:
4.	Is any shareholder a trust that qualifies as an Em		rship Plan und	ler ERISA?		
	If Yes, please attach the most recent stock valuation					□Yes □Ne
5.	Do you have a code of conduct or use signed coremployees and independent contractors not dissocients' trade secrets, customer lists or other intelligible.	eminate or use prev	· letters that re ious employer	quire that s' or		
VII.	EMPLOYMENT PRACTICES LIABILITY INFOR	RMATION				
4.	What percentage of the Applicant's Employees co	urrently earn: (a)	Less than \$6	0.000 annu	allv?	%
			More than \$			 %
2.	Any changes in the last 24 months to the Applica	nt's written procedu	res regarding:			
	Policies and Procedures		New/Updated	No Char	iges	Do Not Have
	Employment Practices Handbook		\Box			\Box
	Human Resources Policies and Procedures					
3	Has the Applicant conducted any training for new	employees curren	t managers or	current em	nlovees	regarding the
0.	following issues in the last 24 months? (Checking)	ng the Box indicates	"Yes", Blank	means "No")	regarding the
	Policies and Procedures	New Employee		Managers		nt Employees
			Se Garrent		Garrer	
	Anti-Discrimination					
	Anti-Harassment	-		 		
	ADA accommodations	\Box		\sqcup		\Box
	Social Media and Computer/Network Usage					
4	Social Media and Computer/Network Osage			lacksquare		\sqcup
	If over 100 employees, in the last 24 months, has					\sqcup
	If over 100 employees, in the last 24 months, has outside counsel regarding employee classification exempt vs. nonexempt vs. Independent Contractor	n and wage and hou ors?	ı r documentat	ion of	Yes	∐ s □No □N/A
	If over 100 employees, in the last 24 months, has outside counsel regarding employee classification exempt vs. nonexempt vs. Independent Contractor In the past 24 months has the Applicant experien Applicant planning, layoffs or a reduction in workfulf "Yes" and if such layoff or reduction in workforce	n and wage and houers? ced, or in the next force? e is more than 5% o	ur documentat	ion of ne		S □No □N/A Yes □No
	If over 100 employees, in the last 24 months, has outside counsel regarding employee classification exempt vs. nonexempt vs. Independent Contractor In the past 24 months has the Applicant experien Applicant planning, layoffs or a reduction in workford if "Yes" and if such layoff or reduction in workford than 50 employees, please respond to the following. Provide a description of the Applicant's processing the provided in this process.	n and wage and houers? ced, or in the next 1 force? e is more than 5% ong: edures for conductinorocess.	ur documentat 12 months is the fithe workford g a staff reduce	ien of ne se or more stion and	_ E	
	If over 100 employees, in the last 24 months, has outside counsel regarding employee classification exempt vs. nonexempt vs. Independent Contracted In the past 24 months has the Applicant experien Applicant planning, layoffs or a reduction in workfulf "Yes" and if such layoff or reduction in workford than 50 employees, please respond to the following as Provide a description of the Applicant's process.	n and wage and houers? ced, or in the next 1 force? e is more than 5% ong: edures for conductinorocess.	ur documentat 12 months is the fithe workford g a staff reduce	ien of ne se or more stion and	_ E	Yes □No



	impacted? e. Does the applicant have a written	severance and wai	ver agreemen	t in place?	<u> </u>	es No	
6.	6. In the past 24 months has the Applicant been involved in or received notice of: a. Litigation regarding wrongful termination, harassment or discrimination? b. An investigation from the Equal Employment Opportunity Commission? Yes						
¥H	I. FIDUCIARY LIABILITY INFORMAT	ION					
1.	Within the past 12 months, has there be retirements, etc.) involving any Directo If Yes, attach name of individual(s); data	rs, Officers or othe	r senior mana		<u>rtures,</u> <u>□Yes</u>	s No	
	Please list the names and types of Applicant's employee benefits plan(s). Attach additional pages if needed.In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing): a. Any public or private offering of securities (including crowd funding/crowd financing)? b. Any change in ownership greater than 10%? If Yes to any part of question 2. attach an explanation. V. EMPLOYMENT PRACTICES LIABILITY INFORMATION						
1	Complete the chart regarding the Appl	icant's employees:					
<u>'-</u>			Curr	ent Year	Previou	s Voor	
ŀ	Number of Employee	_	Curre	ant rear	Previou	<u>s rear</u>	
	Full Time (not including independent co	-					
	Part Time (include leased, temporary as	<u>nd seasonar):</u>			_		
	Independent Contractors:						
_	Located in California:						
	Voluntary Terminations:				_		
	Involuntary Terminations (not layoffs/do	wnsizing):					
	<u>Layoffs/Downsizing:</u>				_		
<u>2.</u>	In the past 12 months, has the Applica resources policies and procedures? If				□Yes	s □No □N/A	
<u>3.</u>	Prior to employee terminations does the counsel per a written HR policy?	e Applicant consul	<u>t with human r</u>	esources or outsi			
4.	Does the Applicant use written Perforn	nance Improvemen	t Plans prior to	a termination?		s □No s □No	
5	In the past 12 months, has the Applica	•	•			<u> NO</u>	
<u> </u>	documentation of exempt, nonexempt, If yes, and more than 25 employees we	and independent	contractors?			No DNA DNA	
_	counsel?		1 61			No N/A	
<u>6.</u>	Does the Applicant conduct document employees (whether or not required by		on and anti-na	rassment training		s □No	
VI.	FIDUCIARY LIABILITY INFORMATIO	<u>N</u>					
1	Complete the chart regarding the Appl	icant's henefit nlan	s Attach ado	litional nages if n	eeded		
<u></u>	Plan Names	Plan Assets	Type of	Funding %	Number of	Plan	



(Other than health & welfare plans)	(Current year)	Plan*	(DB enly) Under Funded 75% or lessOnly) **	Plan Participants	Status <u>**</u> ***
	\$		□Yes □ No %		
	\$		☐Yes ☐ No%		
			□Yes □		

		\$		No %			
	* Defined Contribution (DC), Defined Benefi **** Funding % is the funding percentage of *** Active (A), Frozen (F), Sold (S), Terminat	current value of plan	assets to the fund	• •	•	. ,	ligation)
1.	In the past 24 months have plans and with plan agreements, ERISA, written and Accountability Act (HIPAA)? If "N	investment guideli	nes, and Healt h				Yes □No
2.	In the past 24 months or the next 12 n a. Been amended in a way that b. Contemplated or concluded a	will result in the re ny restructuring, sp	duction of bene oin-off, transfer,	consolidation,	-merger,		Yes □No
	termination or other similar tra Are all plans in compliance with plan a In the past 2412 months or the next 12	greements and EF	RISA? If No, atta		ation.	Yes	Yes ∐No ∏No
	 a. Be amended in a way that will rest b. Contemplate or conclude any rest termination or other similar transact 	ructuring, spin-off,		lidation, merge	er,	□Yes	□No
3.4	During the past 12 months, has there the IRS, DOL, PBGC or any other state current or former fiduciary of such em	been or is there cu e or federal agenc ployee benefit plan	<mark>y of an</mark> employe			∐Yes	□No
	 a. Invested in securities of the Applic b. Invested in more than 10% of any vehicle such as a mutual fund? c. Loaned or pledged any employee 	entity other than the					
	the Applicant)? If "Yes", to any of the above in Questice details an explanation.	onguestion 3. or 4,	please . attach	a full descriptic	on with		

IX. CYBER PRIVACY AND SECURITY VII. CRIME COVERAGE

General Information

1. Please list the estimated number of records that contain each of the following sensitive data types from past, present or future individuals or firms such as customers, vendors or employees.

Sensitive Data	Sensitive Data Description	Number Scope	Number
Payment Card	Credit/Debit Card data addressed by Payment Card Industry	12 Months Card	
Industry (PCI)	Security Standards	Transactions	
Health Care	Healthcare data subject to HIPAA Privacy and Security Rules from	Unique People	
Information (HCI)	employees or patients	currently stored	



	Other Personally Identifiable Information (PII)	Other Data not counted above protected by Fectheft laws such as Social Security, Driver's Lice Financial Account, Tax ID or Retirement Account	nse, Student ID,	Unique People and Firms currently stored	
	Third Part	pove data is stored, where does the Applicant stored. Cloud Server Down Web Server Doerver cant store any PCI data?		to the internet	s——
2	2. Does the Application	nt encrypt private or sensitive data (if Yes, select	11 37	Ye	s <u> </u>
	Data at Rest Number of on-line	☐ Data in transit ☐ Data on mobile devices (i.e. customers: — Gross Revenue from on		•	
1	Does the Applicat	nt prohibit employees who reconcile the monthly Yes No, Handling deposits Yes No	bank statements from	also:	
Ç	Controls and Proced	lures			
3	☐ Information Se	nt have the following written plans and/or service ocurity Policies	uity or Disaster Recove	•	
	b. Do your Cybe	lated / tested any of these plans in the last 12 mo or Incident and your Disaster Recovery plans hav current contact information assigned to critical ta	e pre-assigned people	- and	: □No : □No
		nover offers its policyholders the opportunity to c Plans, Pre-Assignment and Testing. See your a		isk Management S	Service
4	Active/Update Active/Update Physical POS Intrusion detect Key card acce	d Email Anti-Malware Sense terminal monitoring Acception software Contests Chairman Sense Contests Chairman Sense Chairman	rt passwords & require sitive Data Segmentation ount Monitoring and Co tinuous vulnerability as nge of Default Passwor	on and Procedures ontrol sessment & remed	
	a. Proper usage	of the Internet, social networking, email, and sering and report Virus's, Phishing Scams and Ranso	nsitive paper documen	ts	
2	2. Background chec	ks Does the Applicant follow a written policy or pr	ocedure to:	∐Yes	□No
	vendors/sup b. Verify and re	concile all invoices to corresponding purchase or		☐Yes <u>t prior to</u>	□No
	<u>issuing paym</u> c. Authenticate	<u>ent?</u> all requests to change vendor/supplier bank acc	ount information receiv	<u>ved via</u> □Yes	□No
	phone numb	and text with a call back to the pre-determined ver prior to wire transferring any funds? <u>funds transfers</u> on prospective the same day and equest?		∐Yes	□No
3	B. Does the Applica process wire tran without first valida	nt have written policies and procedures requiring sfers to never process an internal request, (inclusing the request with a call back to the requestor by face to face confirmation?	sive of requests by own	ners) Yes	□No
4	have access to se	the Applicant, particularly those that are respon- ensitive datacompany assets, provided with anti- pear phishing and other fraudulent social engine	fraud training to include ering schemes?		□No
	c. Termination of	of network access upon termination of a third part	t y or employee]Yes □No



	d. Allow employees to use their own devices on your network	□Yes □No
	e. Blocked ability to store data on portable devices such as USB drives or print to unknown	
	printers	□Yes □No
	f. Prohibition of using any computer hardware or software that is no longer supported with security updates from the manufacturer	
	g. Requirements to review the cyber security audits of third party service providers	
	Requirements that the Applicant be indemnified and "held harmless" for the errors or omissions of	
	any computer service provider	
<u>5.</u>	Are physical inventory counts conducted at least annually and reconciled with perpetual inventory	
	systems?	
6.	Do you have a backup system for software and data? If so, check all that apply:	- □Yes □No
	Separated from the network Backed up weekly Tested annually Operational within 24 h	iours
	ease note any explanations to any "No" answers for Questions 4 through 7 here:	=
7.	Has the Applicant created any new website or mobile applications for its customers in the	DV DN-
	last 12 months? If Yes, did the Applicant do this in-house?	□Yes □No □Yes □No
	If Yes, was the application scanned for vulnerabilities, using the latest software?	Yes No
Οu	utside Compliance and Cyber Audits	
	If the Applicant has had any Payment Card Industry Data Security Standard (PCI DSS) reviews:	
•	a. Has the Applicant been in full compliance with the Payment Card Industry Data Security	
	Standard (PCLDSS) for the past 3 years? If, no please explain	es No N/A
		es No N/A
-	•	
⊬a	ast Activity	
		2 Tyes TNo
	ast Activity). Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details	?
10	 Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months 	? Yes No
10. X.). Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details	? Yes No
10. X. 1.	Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE	? Yes No
10. X. 1. Ba	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details	? Yes No
10. X. 1. Ba	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details	e? Yes No
10. 1. Ba	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details	es No N/A
10. 1. Ba	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details	
10. X. 1. Ba 1.	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details	es No N/A
10. X. 1. Ba 1. 2.	Does the Applicant have controls within its human resources and/or payroll eyerations that prevent the input of fictitious employees and salaries into its payroll systems?	es No N/A
10. 1. Ba 1. 2. Ch	Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated?	es No N/A
10. X 1. Ba 1. 2. Ch	D. Is the Applicant aware of any attempted unauthorized access or cyber attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been generated and reviewed monthly for unusual payments for the past 24 months by separate people	es □No □N/A □Yes □No □Yes □No
10. X 1. Ba 1. 2. Ch	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been	es No N/A
10. 1. Ba 1. 2. Ch 4.	D. Is the Applicant aware of any attempted unauthorized access or cyber attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been generated and reviewed monthly for unusual payments for the past 24 months by separate people	es □No □N/A □Yes □No □Yes □No
10. 1. Ba 1. 2. Ch 4.	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been generated and reviewed monthly for unusual payments for the past 24 months by separate people who did not process the transactions? endors Do you verify and reconcile all invoices to purchase orders and master vendor/customer lists	PS No N/A Yes No Yes No
10. 1. Ba 1. 2. Ch 4.	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months if unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been generated and reviewed monthly for unusual payments for the past 24 months by separate people who did not process the transactions? endors	es □No □N/A □Yes □No □Yes □No
1. Ba 1. 2. 3. Ch 4. Ve 5.	D. Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been generated and reviewed monthly for unusual payments for the past 24 months by separate people who did not process the transactions? endors Do you verify and reconcile all invoices to purchase orders and master vendor/customer lists before making any payments? Do you have procedures in place to verify the authenticity and ownership of new vendors before	PS No N/A Yes No Yes No Yes No
1. Ba 1. 2. 3. Ch 4. Ve 5.	D. Is the Applicant aware of any attempted unauthorized access or cyber attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been generated and reviewed monthly for unusual payments for the past 24 months by separate people who did not process the transactions? endors Do you verify and reconcile all invoices to purchase orders and master vendor/customer lists before making any payments? Do you have procedures in place to verify the authenticity and ownership of new vendors before adding them to the Master Vendor List?	No N/A Yes No Yes No Yes No
10. 1. Ba 1. 2. Ch 4. Ve 5. 6.	D. Is the Applicant aware of any attempted unauthorized access or cyber attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been generated and reviewed monthly for unusual payments for the past 24 months by separate people who did not process the transactions? endors Do you verify and reconcile all invoices to purchase orders and master vendor/customer lists before making any payments? Do you have procedures in place to verify the authenticity and ownership of new vendors before adding them to the Master Vendor List? If so, is the employee who verifies the new vendor restricted from editing the list?	PS No N/A Yes No Yes No Yes No
10. 1. Ba 1. 2. Ch 4. Ve 5. 6.	D. Is the Applicant aware of any attempted unauthorized access or cyber attacks in the past 24 months If unauthorized access was obtained, please provide details. CRIMEVIII. KIDNAP & RANSOM COVERAGE Complete the chart regarding the Applicant's foreign travel. Attach additional pages if needed. asic Crime Controls If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities? Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? Are passwords and access codes changed regularly and when users are terminated? hecking and Bank Account Controls With regards to checking, has a report of payments made by check or wire transfer been generated and reviewed monthly for unusual payments for the past 24 months by separate people who did not process the transactions? endors Do you verify and reconcile all invoices to purchase orders and master vendor/customer lists before making any payments? Do you have procedures in place to verify the authenticity and ownership of new vendors before adding them to the Master Vendor List?	No N/A Yes No Yes No Yes No



Funds Transfers						
8. Regarding funds transfer requests: a. Does your staff do more than one funds transfer request a month? b. Are funds transfer verifications reconciled the same day by a person who did not initiate the request? c. Are employees that are responsible for funds transfers provided anti-fraud training, including detection of false pretenses, social engineering, phishing or other confidence scams? If so, does this training include not replying to the initiating request email or phone number but using the master list contact information to reply to the request?						
9. Is a physical count of inventory of months?	conducted at least	annually? If "Ye	s" how often in the la	ist 12	□Yes □No	
10. Is a perpetual inventory maintair stock/scrap/finished goods?	ned for retail/warel	nouse inventory	or manufacture		 ☐Yes ☐No	
XI. KIDNAP & RANSOM COVERA	.GE					
1. Complete the following informati Please attach additional pages i		oreign travel of the	ne Applicant:			
City and Country Visited	Number of annual trips	Average length of stay	Number of employees traveling		independent ors traveling	
					<u> </u>	
Describe the Applicant's security security consultants:	precautions while	e traveling, both o	domestic and interna	itional, includin	g use of	

XII.-IX. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the policy inception date, which would render the **Application** inaccurate or incomplete including but not limited to a new **Claim** or other matter to be reported, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

XIIIX. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this Renewal Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.



The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy, of a **Claim** or potential **Claim**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person, files an application for insurance containing any materially false information, or conceals for the purpose



of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information or an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false o fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud agains an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits ε fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application fo insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by the chief executive officer or chief financial officer or equivalent position of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

— Date	Signature	Title	
Signature		Title	Date
Supporting Document	:ation: please attach Attach a	copy of the following	g for every Applicant seeking coverage:
	epared financial statements (fo	or Applicants with more	e than \$250 million in annual revenue)
☐ Most recent CPA Le	etter to Management and Mana	agement's response. If	f this Letter is not issued, check here:
☐ Directors & Officers	and Entity Liability: <mark>include an</mark>	y Any applicable secur	ities offering memoranda memorandum
Fiduciary Liability: if	f Applicant has an ESOP, inclu	de most recent stock \	valuation report
☐ Employment Practic	ces Liability: Most recent EEO	-1 report (for Applicant	ts with 500 or more <u>than 500</u> employees);)
Employee ha	ndbook 🔲 Employment appli	ication form	
Most recent E	EO-1Third party policie	s and statements, if re	equesting such coverage
Separate applications n			
→ Third Party Cri	me Application, if coverage for	Employee Theft of Cli	ient Property is requested
			<u>nership</u> plan is an (ESOP): (1) ESOP or oyer securities regulatory audit letter
→ Construction S	Supplemental Application, if Ap	plicant is a contractor	
Downsizing Supplemen	tal Application, if impact of App	plicant layoffs is great	er than 50 employees



Nonprofit Entity Advantage

Renewal Application-Short Form

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

I. APPLICATION INSTRUCTIONS

- Whenever used in this Application, the term "Applicant" shall mean the Named Insured and all subsidiaries or other organizations applying for coverage, unless otherwise stated.
- Include all requested underwriting information indicated in Section XIII. below.
- Complete the relevant sections of this application and any Supplemental Applications in accordance with the coverages being requested.

Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

II. NAME AND ADDRESS				
Name of Applicant:				
Address of Applicant:				<u> </u>
City:	State:	Zip Code:	State of Incorporation:	
Name primary insurance contact for ins Company emailing you and your agent				ver Insurance
<u>Name</u>	<u>Title</u>	<u>Em</u>	nail	Email list

III. REQUESTED AND CURRENT COVERAGE

<u>Complete the chart below regarding requested coverage.</u> Indicate below which coverages are being requested. Complete only those sections of this Application which pertain to requested coverage.

Requested Coverage Part		Keep Same Limits and Retentions	New Limits	New Retentions
	Directors & Officers and Entity Liability	□Yes □No	\$	\$
	Employment Practices Liability	□Yes □No	\$	\$
	Fiduciary Liability	□Yes □No	\$	\$
	Crime Coverage	□Yes □No	\$	\$
	Cyber Privacy & Security Coverage	□Yes □No	\$	\$
	Kidnap & Ransom Coverage	□Yes □No	\$	\$



Requested Coverage Part	Requested Limits	New Coverage not currently purchased
Directors & Officers and Entity Liability	\$	
Employment Practices Liability	<u>\$</u>	
Fiduciary Liability	<u>\$</u>	
Crime Coverage	\$	
Kidnap & Ransom Coverage	<u>\$</u>	

Directors & Officers and Entity Lia	ability \$	_				
Employment Practices Liability	\$	_				
Fiduciary Liability	\$	_				
Crime Coverage	\$	_				
Kidnap & Ransom Coverage	\$	_				
 If requesting higher liability limits Do not complete this question if Is any Insured proposed for covexpected to result in a Claim the 	no change in liability limits	is requested. rcumstance, or situation that m e of the proposed Liability Co	ight reasonably be			
4	f "Yes" please attach a full c					
Per prease attach a run description of the details. 2. Does the Applicant currently carry General Liability Insurance? Yes No						
proceedings or Crime or K&R lo would fall within the scope of the Liability Coverage Parts in the	Applicant had any prior litigation, investigation, criminal or administrative proceedings or Crime or K&R losses that would have resulted in a Claim that would fall within the scope of the requested Non-Liability Coverage Parts or Liability Coverage Parts in the past 5 years? If Yes to any part of question 2. attach an explanation.					
IV. GENERAL <u>& FINANCIAL</u> INFO	RMATION					
1. Name Individuals for Insurance Primary Contact for Insurance Notices and loss prevention services below: Check here if you consent to have the Hanover Insurance Group email you and your agent regarding periodic loss prevention and renewal information.						
Area	Name	Title	Email			
Insurance Primary Contact						
Human Resources						
Cyber Security						
 Operations: a. Year established Description b. Applicant's Website(s): 	of Applicant's Operations:	NAIC code(s):				



	c. Description of Applicant's Opera				
	d. Applicant's Employee Identification	tion Number(s) (EIN): _			
	e. What is the Applicant's North Ar				
2.	f. What is the Applicant's National In the next 12 months (or during the				
<u> </u>	Applicant completed or been in the			implating (or has the	
	a. Any newly created locations, e				□Yes □No
	b. Any bankruptcy, reorganization	-			☐Yes ☐No
	c. Any branch, location, facility or layoffs?	subsidiary closings, co	onsolidations, red	uctions in force or	☐Yes ☐No
2.	If Yes to any part of question 2. att	ach an explanation.	es the Applicant c	currently have tax-	
	exempt status under the U.S. Interesection? If "No" please			der which IRSC	
3.	Complete the chart if requesting Ef	•		12 months has the	□Yes □No
	Applicant commenced offering any	new or additional servi			
	If "Yes", please attach a full descrip		unbox of Employ	Number of I	
<u> </u>		of Locations Nuclear Nuclear Nuclear Nuclear	umber of Employ Current Year	<u>yees</u> <u>Number of I</u> Previous	
4.	If requesting EPL coverage, compl	oto the chart regarding	the Applicant's n	umber of employees by	□Yes □No
٦.	zip code. Is the Applicant managed	or administered by any	third party under	r contract or	
	agreement?				
	If "Yes" please attach a full descrip Zip Code State	tion of details. e / Non-U.S. Country	Num	ber of Employees	
	<u>Zip Code</u>	e / Non-o.o. Country	Null	iber of Employees	
5.	Complete the financial chart for the the Applicant have any subsidiaries			th Year, Does	□Voc □No
	If "Yes", please attach a list of thes				<u> </u>
	business for each.	,	3		
	or check box if attaching most rece	nt year-end financial st	atements instead	<u>: </u>	
					1
	Financial Data	<u>Current</u>	<u>Year</u>	Previous Year	
Т	otal Assets:	\$		\$	
	et Assets (Fund Balance):	<u> </u>		<u> </u>	
	et Income (Net Loss):	\$ 		\$	
	• •			¥ 	
6.	With respect to any financial audit of a. Is the Applicant owned by a fore	or debt covenants: Fore	ign Exposure:		□Yes □No
	a. Has an auditor issued a "going			ncial statements in the	☐Yes ☐No☐
	past 12 months?	•			<u>N/A</u>
	b Has the Applicant been out of a	compliance with any de	bt covenants in th	ne past 12 months?	□Yes □No□

b. Has the Applicant been out of compliance with any debt covenants in the past 12 months?

N/A



,	c. Has the Applicant changed If Yes, to any question a. through b. Does the applicant have any 1) Subsidiaries domiciled 2) Branch or representativ 3) Joint ventures or partner 4) Revenue or donations	th c. attach an explanation of the following: outside the U.S.? or offices outside the U.S.? orships with third parties ou	2 utside the U.S.?		□Yes □No□ <u>N/A</u> □Yes □No
7.	Location Information				
	Total Number of Locations: _ If you have 5 or less To If more than 5 Total Loc columns and the last co	tal Locations, fill out the fir	st four columns a by State or No	- including individual I n-U.S. Country, fill o	ocation zip codes. ut the first three
	Note that Type of Operations	is Manufacturing, Wareho	uses, Distributio		
	State /Non-U.S. Country	Type of Operation(s)	Number of	If 5 or fewer Total	
			Employees	Locations Zip Code	5 Total Locations Sum of Locations
0					
	What percentage of the Applica their functions off-site? Please provide the following info			,	t y of %
	their functions off-site?	ormation regarding the Ap	plicant's employ	,	•
	their functions off-site? Please provide the following info	ormation regarding the Ap	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
	their functions off-site? Please provide the following info Number of Er	ormation regarding the Apopular or Apopula	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
	their functions off-site? Please provide the following info Number of Er Full Time (not including Inder	ormation regarding the Apopular or Apopula	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
	their functions off-site? Please provide the following info Number of Er Full Time (not including Inder Part Time (include leased and	ermation regarding the Appropriate in Appropriate i	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
	their functions off-site? Please provide the following info Number of Er Full Time (not including Inder Part Time (include leased and Independent Contractors:	ermation regarding the Appropriate in Appropriate i	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
	their functions off-site? Please provide the following info Number of Er Full Time (not including Inder Part Time (include leased and Independent Contractors: Located in New York, New York	ermation regarding the Appropriate in Appropriate i	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
	their functions off-site? Please provide the following info Number of Er Full Time (not including Inder Part Time (include leased and Independent Contractors: Located in New York, New York Located in California:	ermation regarding the Appropriate in Appropriate i	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
	their functions off-site? Please provide the following info Number of Er Full Time (not including Inder Part Time (include leased and Independent Contractors: Located in New York, New	ormation regarding the Appropriate property of the Appropr	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
	their functions off-site? Please provide the following info Number of Er Full Time (not including Inder Part Time (include leased and Independent Contractors: Located in New York, New	ormation regarding the Appropriate property of the Appropr	plicant's employ	· · · · · · · · · · · · · · · · · · ·	%
9.	their functions off-site? Please provide the following info Number of Er Full Time (not including Inder Part Time (include leased and Independent Contractors: Located in New York, New	ermation regarding the Appropriate property of the property of	plicant's employ Curr	ent Year ations, departures,	%



foreign locations, using the same computer syster procedures, and Human Resource policies as other of the same computer system.		and □Yes □No □ N/A			
13. Please complete the following financial informatio —— Month —— Year, or check box if attachin					
Financial Data	Current Year	Previous Year			
Total Assets:	\$	\$			
Net Assets (Fund Balance):					
Total Revenue:	\$	\$			
14. With respect to the financial auditor: a. What is the scope of financial statement preparation? ☐ Internal ☐ CPA Compilation ☐ CPA Review ☐ CPA Audit ☐ None b. Has the auditor issued a "going concern" opinion for the Applicant's financial statements during the past 3 years? If "Yes" please attach a full explanation c. Is the Applicant in compliance with all debt and/or loan covenants? If "No" please attach a full explanation. d. Has the Applicant changed auditors in the last three years? If "Yes" please attach a full explanation. e. Have the outside auditors stated there are any material weaknesses in the Applicant's system of internal controls? If "Yes" please attach a full explanation. f. Has the Applicant implemented all material recommendations of the auditor? If "No" ☐ Yes ☐ No ☐ N					
please attach a full explanation. V. PRIOR LOSS AND LITIGATION INFORMATION					
Note: When listing any events below, separately note each event including dates, description, amounts of loss, and corrective measures. Please attach additional pages if needed. List all matters during the past five years, where the Applicant or any organization or person proposed for coverage has been the subject of, or been involved in, any subpoena, representative actions, class actions, derivative suits, civil, regulatory investigation, criminal or administrative proceeding involving: (1) Anti-Trust, (2) Anti-Corruption, (3) Fair Trade, (4) Copyright or Patent violations, (5) Securities Laws, (6) Consumer Protection Laws, (7) Information Privacy Laws, (8) ERISA, (9) Employment Laws or (10) discrimination, harassment, or civil rights. Check if none :					
 List all employee theft, forgery, computer fraucyears. Check if none . List all kidnapping, extortion threats, cyber extorthe Applicant in the last five years. Check if nor 	rtion, hijacking, wrongful detention				
3. List all Computer Business Interruptions of recustomer or member information by the Application. 3. List all Computer Business Interruptions of recustomer or member information by the Application.	nore than 8 hours, data theft, c				
IVI. DIRECTORS & OFFICERS AND ENTITY LIABI	LITY INFORMATION				
 Within the past 12 months, has there been any che departures, retirements, etc.) involving any Director management? Do any Executives of the Company interest with the Company in regards to any family vendors? 	ors, Officers or other senior have any disclosed financial con members, competitors, custome	rs or			
If Yes, attach name of individual(s); date of chang	<u>e; and reason._Please describe:</u>				



2.	Does the Applicant own or control any for-profit subsi- operations and the attach latest financials.	diaries? If yes	s, prov	vide name,	nature of		□Yes □No
3.	Please check all the following corporate governance of Anti-trust training	ent Policy		Anti-Bribery	FCPA Tra	aining of Exec	utive Positions
VII	. EMPLOYMENT PRACTICES LIABILITY INFORM	MATION					
1.	Complete the chart regarding the Applicant's employeearn: (a) Less than \$60,000 annually?9	6		e of the Ap			es currently %
	Number of Employees	<u>C</u>	urren	t Year		Previ	<u>ous Year</u>
	Full Time (not including independent contractors):						
	Part Time (include leased, temporary and seasonal):						
	Independent Contractors:						
	Volunteers:						
	Located in California:						
	Voluntary Terminations:						
	Involuntary Terminations (not layoffs/downsizing):						
	Layoffs/Downsizing:						
<u>L</u>	2.Any changes in the last 24 months to the Applicant	's written proc	edures	s regarding	<u>I</u>		
	Policies and Procedures		New	/Updated	No Char	ges	Do Not Have
	Employment Practices Handbook			\Box		•	
	Human Resources Policies and Procedures						
	3. Has the Applicant conducted any training for new of the following issues in the last 24 months? (Checkin	employees, cu	rrent r	nanagers o	r current e	mploye	es regarding
	Policies and Procedures	New Employ		Current M			nt Employees
	Anti-Discrimination		003	- Current IV	lanagers]	Oun o	пк Епіріоуеез П
	Anti-Harassment	<u>_</u> _			<u>-</u> 		
	ADA accommodations	<u></u>			<u>-</u> 7		
	Social Media and Computer/Network Usage	<u></u>		F	<u>-</u>]		
2.	In the past 12 months, has the Applicant updated its resources policies and procedures? If Yes, attach a employees, in the last 24 months has the Applicant regarding employee classification and wage and hour nonexempt vs. Independent Contractors?	description of eviewed an au	<u>chang</u> dit wit	<u>es.</u> If over ' h outside c		□Ye	es □No □N/A
3.	Prior to employee terminations does the Applicant co counsel per a written HR policy? If over 1,000 employ inequities among protected classes in the workforce?	yees, do you r				□Ye	es □No □N/A
4.	In the past 24 months has the Applicant experienced, the Applicant use written Performance Improvement planning, layoffs or a reduction in workforce? If "Yes" and if such layoff or reduction in workforce is	Plans prior to	a term	ination? -A	oplicant]Yes □No



5. 6. VIII 1.	than 50 employees, please response. a. Provide a description of the management level/positions b. Does the Applicant analyze result of a staff reduction? c. Is the analysis reviewed by d. Does the Applicant utilize compacted? e. Does the applicant have a vimpacted? e. Does the applicant have a vimpacted? e. Does the applicant have a vimpacted? for the past 12 months, has the product of the past 12 months and more than 25 employees, and more than 25 employees, and more than 25 employees. Litigation regarding wrongs b. An investigation from the Editional pages if needed.	Applicant's proces involved in this period whether protected outside counsel? Consistent criterial written severance Applicant reviewed exempt, and independed were involved has the Applicant termination, har qual Employment cumented anti-distinged by law)?	edures for coprocess. ed classes volument and waivered employee bendent corred, was the nt been inverassment or Opportunit	will be adversely impacted as the which employees will be agreement in place? Expected in and attractors? The classification and attractors? The classification and attractors? The classification and attractors and anti-harassment training and anti-harassment training attractors.	s a ng for	N/A □Yes □	Ne Ne Ne No No No No
	Plan Names	Plan Assets	Type of	Funding & (DB only)	Number o	of Plan	Plan
(Ot	ther than health & welfare plans)		Plan*	Under Funded by > 25%	Particip		Status*
·		\$		%			
		\$		<u>%⊟Yes ⊟No</u>			
		\$		% Yes No			
**	efined Contribution (DC), Defined Bene Funding % is the funding percentage of Active (A), Frozen (F), Sold (S), Termin	of current value of p	lan assets to	the funding target (or accumula		ligation)	
2.	Are all plans in compliance with explanation. In the past 24 mon a. Been amended in a way that b. Contemplated or concluded termination or other similar If "Yes," please describe:	ths or the next 12 at will result in the any restructuring	months ha	s/will any plan: of benefits?		Yes ⊡t	
3.	In the past 12 months or the ne plans and guidelines been revie ERISA, written investment guide Act (HIPAA)? If "No," please describe: a. Be amended in a way that we be Contemplate or conclude an termination or other similar	wed and updated elines, and Health will result in the re my restructuring, s	d for compli- n Insurance	ance with plan agreements, Portability and Accountabil penefits?	ity 	Yes ∐i	
4.	During the past 12 months, has by the IRS, DOL, PBGC or any or any current or former fiduciar or the next 12 months has/will a. Invested in securities of the	there been or is other state or fed by of such employed my employee ber	leral agency ree benefit p	of an employee benefit pla	l <u>it</u> an s	Yes ⊡t	No



investment vo c. Loaned or plo (including the	ore than 10% of any entity other than the phicle such as a mutual fund? edged any employees benefit plan assets Applicant)? the above in Question 4, please attach a	s to any party-in-interest	<u> Yes</u>]No
IX. CYBER PRIVAC	Y AND SECURITY COVERAGE			
General Information				
1. Number of Custo	mers: Gross Revenue fror	n on-lines sales or services:		
	timated number of records that contain eals or firms such as customers, vendors of		ata types from pas	it, present
Sensitive Data	Sensitive Data Description		Number Scope	Number
Payment Card	Credit/Debit Card data addressed by Pa	ayment Card Industry	12 Months Card	
Industry (PCI)	Security Standards		Transactions	
Health Care Information (HCI)	Healthcare data subject to HIPAA Priva employees or patients	icy and Security Rules from	Unique People currently stored	
Other Personally	Other Data not counted above protected	d by Federal or State Identity	Unique People	
Identifiable	theft laws such as Social Security, Drive	er's License, Student ID,	and Firms	
Information (PII)	Financial Account, Tax ID or Retiremen	t Account Numbers	currently stored	
3. Does the Applica Data at Rest Controls and Proced Does the Applica Information So Cyber Inciden a. Have you upo b. Do your Cybe	icant store any PCI data? Int encrypt private or sensitive data (if Yell Data in transit Data on mobile developed Data on mobile developed Data on mobile developed Data on Mobile Dat	r services? (check all that applyent S Continuity or Disaster Recove ast 12 months?	—	s No s No es No
IMPORTANT: Ha provider for such	nover offers its policyholders the opportu Plans, Pre-Assignment and Testing. Se	unity to contract with a Cyber R e your agent for details.		
Active/Update Active/Update	SS	n place (check all that apply): Smart passwords & require Sensitive Data Segmentation Account Monitoring and Continuous vulnerability as Change of Default Passwo	on and Procedures ontrol sessment & remed	
a. Proper usage b. How to identi c. Background of d. Termination of e. Allow employ f. Blocked abilit	nt have training and enforce written police of the Internet, social networking, email fy and report Virus's, Phishing Scams and checks on prospective employees who we're network access upon termination of a tees to use their own devices on your network access upon the store data on USB drives or print to the store data on USB drives or software any computer hardware or software.	, and sensitive paper documen nd Ransomware Attacks will have access to sensitive dat third party or employee twork unknown printers	a	No es No es No es No es No



	security updates from the manufacturer	□Yes □No
	 h. Requirements to review the cyber security audits of third party service providers i. Requirements that the Applicant be indemnified and "held harmless" for the errors or 	□Yes □No
	omissions of any computer service provider	□Yes □No
7.	Do you have a backup system for software and data? If so, check all that apply: Separated from the network Backed up weekly Tested annually Operational with	☐Yes ☐No nin 24 hours
Ple	ease note any explanations to any "No" answers for Questions 4 through 7 here:	
8.	Has the Applicant created any new website or mobile applications for its customers in the last 12 months? If Yes, did the Applicant do this in-house? If Yes, was the application scanned for vulnerabilities, using the latest software?	□Yes □No □Yes □No □Yes □No
Οι	Itside Compliance and Cyber Audits	
	If the Applicant has had any Payment Card Industry Data Security Standard (PCI DSS) reviews a. Has the Applicant been in full compliance with the Payment Card Industry Data Security Standard (PCI DSS) for the past 3 years? If, no please explain. b. Has the Applicant had any critical recommendations in the past 3 years that required remediation in order to remain compliant with PCI DDS requirements? If, Yes please explain. [Matha Applicant is a healthcase experience.]	Yes No N/A Yes No N/A
10	. If the Applicant is a healthcare organization: a. Has the Applicant been in full compliance with HITECH Act for the past 3 years? If, no	□Yes □No □N/A
	b. Has the Applicant been audited by The Department of Health and Human Services (HHS) or any other agency under the authority of HHS, for their compliance with HIPAA Privacy Rule or Security Rule in the past 3 years? Please indicate any areas where the Applicant was found not to be in compliance: st Activity Is the Applicant aware of any attempted unauthorized access or cyber-attacks in the past 24 m If unauthorized access was obtained, please provide details.	□Yes □No □N/A nonths? □Yes □No
<u>XV</u>	III. CRIME COVERAGE	
₿a	sic Crime Controls	
1.	Does the Applicant prohibit employees who reconcile the monthly bank statements from also: Signing Checks Handling Deposits Making Withdrawals If the Applicant does not have an external audit, or an internal audit department, does the Applicant have someone with internal audit responsibilities?	□Yes □No <mark>□N/A</mark> □Yes □No □Yes □No
2.	Does the Applicant follow a written policy or procedure to:	DV DN-
	 a. <u>Utilize a Master List to assist in detecting payments to unauthorized or fictitious vendors/suppliers?</u> b. <u>Verify and reconcile all invoices to corresponding purchase orders and a Master List prior to issuing payment?</u> c. <u>Authenticate all requests to change vendor/supplier bank account information received via email, phone and text with a call back to the pre-determined vendor/supplier contact and phone number prior to wire transferring any funds?</u> d. <u>Reconcile all funds transfers on the same day and by a person who did not initiate the request?</u> have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into its payroll systems? 	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
3.	Does the Applicant have written policies and procedures requiring employees that process wire transfers to power process an internal request (inclusive of requests by owners) without	



	first validating the request with a conumber or by face to face confirm and when users are terminated?	call back to the nation? Are pas	requestor at a pseudosswords and acc	ore-determined work ph ess codes changed reg	one ularly	□Yes □No
4.	Are employees of the Applicant, p that have access to company ass detect phishing, spear phishing a	ets, provided v	vith anti-fraud tra	aining to include how to	<u>or</u>	□Yes □No
Ch	ecking and Bank Account Contr	ols				
5.	With regards to checking, has a regenerated and reviewed monthly people who did not process the tr	for unusual pa				□Yes □Ne
Ve	ndors					
6.	Do you verify and reconcile all involved before making any payments?	voices to purch	ase orders and r	master vendor/custome	r lists	□Yes □No
7.	Do you have procedures in place adding them to the Master Vendo If so, is the employee who verifies	r List?	·	•	s before	□Yes □No □Yes □No
8.	Is a Master Vendor List utilized to vendors or suppliers during an int	assist in detector	cting payments to	o unauthorized or fictitic ocess?	ous	⊟Yes ⊟No
Fu	nds Transfers					
9.	Regarding funds transfer request: a. Does your staff do more than b. Are funds transfer verification request? c. Are employees that are respondented of false pretenses, of the following the master list contact in the contact in t	one funds trans reconciled the ensible for fund social engineer on not replying t	e same day by a s transfers provi ing, phishing or o the initiating re	a person who did not initional ded anti-fraud training, other confidence scame equest email or phone n	including ;?	Yes No Yes No Yes No Yes No Yes No
Inv	rentory					
	Is a physical count of inventory or months? Is a perpetual inventory maintaine		•		st 12	□Yes □Ne
	stock/scrap/finished goods?			,		□Yes □No
X ۷	II. KIDNAP & RANSOM COVER	AGE				
1. 2.1	Complete the following information. Please a Attach additional pages in		ng the foreign tra	avel of the Applicant:		
_	City and Country Visited	Number of annual trips	Average length of stay	Number of employees traveling	ind	umber of lependent ctors traveling
3.2	Describe the Applicant's security	precautions wh	nile traveling, bot	th domestic and interna	tional, inc	luding use of



If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the policy inception date, which would render the **Application** inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

XIII. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this Renewal Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy, of a **Claim** or potential **Claim**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any



person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by the chief executive officer or chief financial officer of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
Supporting Documentation: pl	ease attach a copy of the following for ever	y Applicant seeking coverage:
☐ Most recent CPA prepared fi	nancial statements	



☐ Most recent CPA Letter to Management and Management's response. If this Letter is not issued, check here: ☐
☐ Employment Practices Liability (for Applicants with 500 or more employees):
☐ Employee handbook ☐ Employment application form
Separate applications may be required:
Third Party Crime Application, if coverage for Employee Theft of Client Property is requested
 Construction Supplemental Application, if Applicant is a contractor
Downsizing Supplemental Application, if impact of Applicant layoffs is greater than 50 employees
Produced By: Agent: Agency:
Produced By: Agent: Agency: Agency Taxpayer ID or SS No.:
Agency Taxpayer ID or SS No.:
Agency Taxpayer ID or SS No.: Agent License No.: Agent Signature:

The Hanover Insurance Group Advantage Portfolio Management Liability Form Filing Memorandum

The Hanover Insurance Company ("Hanover") is submitting the enclosed filing to update the Hanover's Advantage Portfolio product. The Advantage Portfolio product includes the following coverages for both Private Company and Nonprofit Entity insureds.

- Directors & Officers and Entity Liability
- Employment Practices Liability
- Fiduciary Liability
- Cyber Privacy and Security
- Crime
- Kidnap & Ransom

For ease of doing business, we are

• Revising the following renewal applications:

904 7038 APP 12/17 Private Company Advantage Renewal Application-Short Form

(revised) - 904 7038 APP 08/19 Private Company Advantage Renewal Application

904 7041NP APP 12/17 Nonprofit Entity Advantage Renewal Application-Short Form

(revised) - 904 7041NP APP 08/19 Nonprofit Entity Advantage Renewal Application

We are making these revisions as it was determined the re-design of the above-identified recently approved applications were better suited to broadly meet the needs of our insureds.

- Introducing the following renewal application:
 - 904 7042 APP 08/19 Cyber Privacy and Security Renewal Application
- Introducing the following companion application:
 - 904 7044 APP 08/19 Directors and Officers Liability Companion Application
 - 904 7045 APP 08/19 Employment Practices Liability Companion Application
 - 904 7046 APP 08/19 Fiduciary Liability Companion Application
 - 904 7047 APP 08/19 Crime Companion Application

We are introducing the companion applications to request information for a single line of business where there is increased exposure (ie., a brand new coverage part and/ or higher limit).